



Application for Membership Scone Showjumping Club 2020-21

OFFICE USE ONLY
Date received:

Member #:

Contact Renee Birkett 0416 178 362
Susan Bettington..... 0438 452 988

Email info@sconeshowjumpingclub.com.au **Postal Address** PO Box 161 Scone NSW 2337

Title: Dr/Mr/Mrs/Miss/Ms Surname..... Given names.....

Residential address State..... Postcode.....

Postal address State..... Postcode.....

Email.....

Phone: Work..... Home..... Mobile.....

MEMBERSHIP TYPE (tick) Junior (under 18) Senior

Individual membership	\$50 Valid until June 30 2021
Family membership (2 adult parents and children under 18. Immediate family)	\$85 Valid until June 30 2021
Riding member 1..... 2..... 3.....	
Non-Riding membership	\$15.00 Valid until June 30 2021
Payment Details: BSB 032-619 Account 141364	Date Paid..... Amount Paid

I acknowledge that Scone Showjumping Club is a non-profit organisation that relies on its membership to run effectively and I understand that my membership requires me to assist with the running of at least 2 members days per year including set up/pack up and running of the event on the day

I apply for membership of Scone Showjumping Club and agree to be bound and abide by the Rules, Regulations, Risk Management Plan and Constitution of Scone Showjumping Club. I have had sufficient opportunity to read the member release and waiver of liability, fully understand its terms and sign it freely and voluntarily.

Dated..... Signature.....

For participants of minority age (Under 18)

This is to certify that I, as parent/guardian with legal responsibility for this participant, acknowledge, understand and accept the member release and waiver of liability and consent to my minor child's involvement or participation in horse sport activities.

Dated..... Guardian Signature.....

A MEMBER RELEASE AND WAIVER OF LIABILITY MUST ACCOMPANY THIS APPLICATION

EMERGENCY CONTACT DETAILS: Name.....

Phone: Work..... Home..... Mobile.....

Full name of participant (and of guardian if under 18 years).....

Address State..... Postcode.....

Date of Birth..... EFA M/Ship #: (if applicable)..... PIC #:



Member Release and Waiver of Liability

(This release and waiver of liability applies to all SSJC events)

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge and accept that:

Horse sports are a dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities.

I knowingly and freely assume all such risks, both known and unknown, and I **voluntarily PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activities and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the **CANCELLATION** of my participation in the activities and my immediate removal from my horse **NO MATTER** where that may occur. I understand such non-compliance may result in injury, death, and/or permanent disability as a result of my failure to comply.

I agree to wear a helmet at all times whilst participating in the sport where this is required under the relevant EFA and FEI rules and regulations, and agree that I am solely responsible for ensuring that whilst participating I wear a suitable helmet at all times where required under the relevant EFA and FEI rules and regulations, and take sole responsibility for my actions.

I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms and sign it freely and voluntarily.

Dated..... Signature of rider

Print Name

For participants of minority age (Under 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Dated..... Signature of guardian